

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

JOHN CHAPMAN FOR CONGRESS

ADDRESS (number and street)

138 CONANT STREET

C/O RED CURVE SOLUTIONS

Check if different
than previously
reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

C

C00553917

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y Y Y /

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BRADLEY T CRATE

Signature of Treasurer

BRADLEY T CRATE

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 103

Write or Type Committee Name

JOHN CHAPMAN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	103670.00	212389.08
(b) Total Contribution Refunds (from Line 20(d))	0.00	451.08
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	103670.00	211938.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	157748.79	259202.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	526.71	551.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	157222.08	258651.15
8. Cash on Hand at Close of Reporting Period (from Line 27).....	69228.67	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	115941.82	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 103

Write or Type Committee Name

JOHN CHAPMAN FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

55100.00

153951.08

(ii) Unitemized.....

8770.00

17538.00

(iii) TOTAL of contributions from individuals ▶

63870.00

171489.08

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

3300.00

4400.00

(d) The Candidate.....

36500.00

36500.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

103670.00

212389.08

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

3358.82

115941.82

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

3358.82

115941.82

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

526.71

551.71

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

107555.53

328882.61

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 103

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	157748.79	259202.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	451.08
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	451.08
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	157748.79	259653.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	119421.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	107555.53
25. SUBTOTAL (add Line 23 and Line 24).....	226977.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	157748.79
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	69228.67

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. MICHAEL ASTRUE**A.**

Mailing Address 47 BENTON ROAD

City

BELMONT

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		28		2014

Transaction ID : SA11AI.6336

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MR. MICHAEL ASTRUE**B.**

Mailing Address 47 BENTON ROAD

City

BELMONT

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6584

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

CARINE AVAKIAN**C.**

Mailing Address 65 SOUTH ROAD

City

BEDFORD

State

MA

Zip Code

01730

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6591

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional).....

2650.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JONATHAN BARR		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1407 JULIA AVE		Transaction ID : SA11AI.6590	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
B. Full Name (Last, First, Middle Initial) MR. THOMAS E BERK		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 34 MAYFLOWER LANE		Transaction ID : SA11AI.6526	
City DUXBURY	State MA	Zip Code 02332	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer BROWN BROTHERS HARRIMAN & CO.	Occupation FINANCE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
C. Full Name (Last, First, Middle Initial) MS. JULIANNE M BOWLER		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 20 DECATUR AVE		Transaction ID : SA11AI.6477	
City JAMESTOWN	State RI	Zip Code 02835	Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C			
Name of Employer BAY INSURANCE COMPANY	Occupation INSURANCE AGENT		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
SUBTOTAL of Receipts This Page (optional).....		3850.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

NORMAN BUCK**A.**

Mailing Address 2 JUNIPER ROAD

City

ROWAYTON

State

CT

Zip Code

06853

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF - EMPLOYEDOccupation
INVESTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6566

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

NORMA B BUCKLEY**B.**Mailing Address 6607 LAKE WOODLANDS DR.
APARTMENT 433

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

DENNIS J CALCAGNO**C.**

Mailing Address 894 NANTASKET AVE

City

HULL

State

MA

Zip Code

02045

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEMAOccupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : SA11AI.6428

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional).....

1700.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

REID CAMPBELL

A.

Mailing Address 47 STURBRIDGE HILL

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		01		2014

Transaction ID : SA11AI.6364

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOHN CARNEY

B.

Mailing Address 57 BERKELEY CIRCLE

City

BASKING RIDGE

State

NJ

Zip Code

07920

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6548

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

EDMUND CHAPMAN

C.

Mailing Address 19 CRAGGY ROCK STREET

City

THE WOODLANDS

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENERGY INDUSTRY

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : SA11AI.6311

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

FREDERIC M CLIFFORD

A.

Mailing Address P.O. BOX 188A, SHS

City

DUXBURY

State

MA

Zip Code

02331

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2014

Transaction ID : SA11AI.6530

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JEFFREY CLIFFORD

B.

Mailing Address 57 STONE MEADOW LANE

City

HANOVER

State

MA

Zip Code

02339

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE LAW OFFICE OF JEFFREY K. CLIFFORD

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : SA11AI.6232

Amount of Each Receipt this Period

1000.00

IN-KIND:EVENT ENTERTAINMENT

Full Name (Last, First, Middle Initial)

JEFFREY CLIFFORD

C.

Mailing Address 57 STONE MEADOW LANE

City

HANOVER

State

MA

Zip Code

02339

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE LAW OFFICE OF JEFFREY K. CLIFFORD

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6549

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER W. COLLINS

Mailing Address 72 HARBOR ST

City

MANCHESTER

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer

COLLINS NICKAS & CO. LLC

Occupation

CEO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		14		2014

Transaction ID : SA11AI.6306

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

SANDRA S DAPPRICH

Mailing Address PO BOX 2339

36 HUCKLEBERRY LANE

City

DUXBURY

State

MA

Zip Code

02331

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6588

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

RICHARD DENNING

Mailing Address 23 ELM ST.

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CPA

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional).....

2100.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) BRACKETT DENNISTON			Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2014	
Mailing Address 1081 HILLSIDE RD			Transaction ID : SA11AI.6482	
City FAIRFIELD	State CT	Zip Code 06824	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer PAPA GINOS		Occupation CHIEF MARKETING OFFICER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
B. Full Name (Last, First, Middle Initial) MR. CHRISTOPHER F EGAN			Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 116 FLANDERS ROAD			Transaction ID : SA11AI.6369	
City WESTBOROUGH	State MA	Zip Code 01581	Amount of Each Receipt this Period 2600.00	
FEC ID number of contributing federal political committee. C				
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2600.00		
C. Full Name (Last, First, Middle Initial) ROBERT ERCOLINI			Date of Receipt M M / D D / Y Y Y Y 04 / 08 / 2014	
Mailing Address 195 BRIDLE PATH			Transaction ID : SA11AI.6250	
City NORTH ANDOVER	State MA	Zip Code 01845	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer KEE 55, INC		Occupation EXECUTIVE		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			4100.00	
TOTAL This Period (last page this line number only).....				

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 103
 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) SONJA J FEITELBERG		Date of Receipt M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 175 DERBY STREET SUITE 33		Transaction ID : SA11AI.6383
City HINGHAM	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer KIRKLAND & ELLIS LLP	Occupation ATTORNEY	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) ROBERT FLANAGAN		Date of Receipt M M / D D / Y Y Y Y 04 / 06 / 2014
Mailing Address 5100 NAHANT ST		Transaction ID : SA11AI.6248
City BETHESDA	State MD	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer CLARK ENTERPRISES	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) JANE FREEDMAN		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 14 CRYSTAL STREET		Transaction ID : SA11AI.6536
City NEWTON	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. THOMAS GIES

Mailing Address 11409 SKIPWITH LANE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

LECLAIR-RYAN

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SA11AI.6471

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

CHRIS HADLEY

Mailing Address 33 HILLCREST RD

City

BELMONT

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer

BERKSHIRE PARTNERS

Occupation

MANAGING DIRECTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2014

Transaction ID : SA11AI.6317

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

MS. ANITA HAFLEY

Mailing Address 12 MIDWAY RD

City

DUXBURY

State

MA

Zip Code

02332

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6557

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DANIEL HALEY

A.

Mailing Address 11 WILLOWGATE RISE

City

HOLLISTON

State

MA

Zip Code

01746

FEC ID number of contributing federal political committee.

C

Name of Employer

ATHENAHEALTH, INC

Occupation

ATTORNEY AND LOBBYIST

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6565

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

MRS. CAROL HARLOW-CARSON

B.

Mailing Address 6 DODGES ROW

City

WENHAM

State

MA

Zip Code

01984

FEC ID number of contributing federal political committee.

C

Name of Employer

EUROSTOVES

Occupation

CHEF INSTRUCTOR

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : SA11AI.6300

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JAMES HOYES

C.

Mailing Address 56 STONE MEADOW LANE

City

HANOVER

State

MA

Zip Code

02339

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : SA11AI.6412

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

BILL HUGHES

A.

Mailing Address 2 EARHART ST UNIT 925

City

CAMBRIDGE

State

MA

Zip Code

02141

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENTREPRENEUR

Occupation

ENTREPRENEUR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6568

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ROBERT HURLEY

B.

Mailing Address 7801 HACKAMORE DRIVE

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer

EJF CAPITAL LLC

Occupation

CFO

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : SA11AI.6243

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

ROBERT IX

C.

Mailing Address 54 GREYLOCK ROAD

City

WELLESLEY

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer

CRESTWOOD ADVISORS

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2014

Transaction ID : SA11AI.6503

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

GARY P KEARNEY

A.

Mailing Address 319 LONGWOOD AVE

City

BOSTON

State

MA

Zip Code

02115

FEC ID number of contributing
federal political committee.

C

Name of Employer
LONGWOOD UROLOGYOccupation
DOCTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.6489

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MR. JACKSON S KENT JR.

B.

Mailing Address 1351 TREMONT ST

City

DUXBURY

State

MA

Zip Code

02332

FEC ID number of contributing
federal political committee.

C

Name of Employer
KENT JACKSON, S COOccupation
OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.6522

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

PAMELA KHINDA

C.

Mailing Address 3510 ORDWAY ST NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2014

Transaction ID : SA11AI.6547

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

PHILIP KHINDA

A.

Mailing Address 3510 ORDWAY STREET NW

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEPTOE & JOHNSON LLP

Occupation

PARTNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.6501

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MATTHEW LEE

B.

Mailing Address 47 TURTLE COVE RD

City

EAST SANDWICH

State

MA

Zip Code

02537

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLEN PARK POLICE

Occupation

POLICE SERGEANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		13		2014

Transaction ID : SA11AI.6371

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

MR. JEFFERY A LEERINK

C.

Mailing Address 304 COMMONWEALTH AVE #3

City

BOSTON

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEERINK SWAN & CO

Occupation

OWNER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		16		2014

Transaction ID : SA11AI.6493

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

KENNETH LENCH

Mailing Address 655 FIFTEENTH ST., N.W.

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICROSOFTOccupation
DISTRICT SALES LEAD

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		19		2014

Transaction ID : SA11AI.6381

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

DAVID LINGAFELTER

Mailing Address 331 EAST WASHINGTON ST

City

CHAGRIN FALLS

State

OH

Zip Code

44022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOEN INCOccupation
MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		10		2014

Transaction ID : SA11AI.6286

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JOSEPH MARAIA

Mailing Address 1226 ARBORETUM WAY

City

BURLINGTON

State

MA

Zip Code

01803

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIERCE ATWOOD LLPOccupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2014

Transaction ID : SA11AI.6541

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. ROGER M MARINO

Mailing Address 254 WESTFIELD ST

City

DEDHAM

State

MA

Zip Code

02026

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11AI.6495

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

ANTHONY MARTIN

Mailing Address 3 CHANNING CIRCLE

City

CAMBRIDGE

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		31		2014

Transaction ID : SA11AI.6448

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MS. ELIZABETH MARTIN

Mailing Address PO BOX 1503

City

EAST ORLEANS

State

MA

Zip Code

02643

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Transaction ID : SA11AI.6475

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 20 OF 103
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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 NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial) FRANCIS X MEANEY			Date of Receipt M M / D D / Y Y Y Y 04 / 28 / 2014	
Mailing Address 45 BITTERSWEET LANE			Transaction ID : SA11AI.6343	
City	State	Zip Code		
NORTH CHATHAM	MA	02650		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 150.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) PAUL D MOORE			Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2014	
Mailing Address 51 BAKER PLACE			Transaction ID : SA11AI.6378	
City	State	Zip Code		
NEWTON LOWER FALLS	MA	02462		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer TRIATHLETE EUROPE		Occupation ONLINE EDITOR		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) JOHN W MORRIS			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 980 SOUTH STREET			Transaction ID : SA11AI.6573	
City	State	Zip Code		
NEEDHAM	MA	02492		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 200.00	
Name of Employer CRESTWOOD ADVISORS		Occupation MANAGING PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 700.00		

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES MURPHY

Mailing Address 11 BARN SWALLOW LANE

City

DUXBURY

State

MA

Zip Code

02332

FEC ID number of contributing
federal political committee.

C

Name of Employer

NEW ENGLAND REALTY RESOURCES

Occupation

CHAIRMAN

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.6500

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

JED NOSAL

Mailing Address 67 SIAS LANE

City

MILTON

State

MA

Zip Code

02186

FEC ID number of contributing
federal political committee.

C

Name of Employer

BROWN RUDNICK, LLP

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		28		2014

Transaction ID : SA11AI.6436

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

R SCOTT OLIVER

Mailing Address 20 BRADFORD ST.

City

DUXBURY

State

MA

Zip Code

02332

FEC ID number of contributing
federal political committee.

C

Name of Employer

PLYMOUTH BAY ORTHOPEDIC

Occupation

DOCTOR

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : SA11AI.6404

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRIAN PALMER

A.

Mailing Address 12 GERSHOM DRIVE

City

NORTH GRAFTON

State

MA

Zip Code

01536

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHITE MOUNTAINS INSURANCE GROUP, LT

Occupation

VP AND CHIEF ACCOUNTING OFFICER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : SA11AI.6356

Amount of Each Receipt this Period

5200.00

SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

BRIAN PALMER

B.

Mailing Address 12 GERSHOM DRIVE

City

NORTH GRAFTON

State

MA

Zip Code

01536

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHITE MOUNTAINS INSURANCE GROUP, LT

Occupation

VP AND CHIEF ACCOUNTING OFFICER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : SA11AI.6601

Amount of Each Receipt this Period

-2600.00

REDESIGNATION BELOW

Full Name (Last, First, Middle Initial)

BRIAN PALMER

C.

Mailing Address 12 GERSHOM DRIVE

City

NORTH GRAFTON

State

MA

Zip Code

01536

FEC ID number of contributing
federal political committee.

C

Name of Employer

WHITE MOUNTAINS INSURANCE GROUP, LT

Occupation

VP AND CHIEF ACCOUNTING OFFICER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : SA11AI.6602

Amount of Each Receipt this Period

2600.00

REDESIGNATED

SUBTOTAL of Receipts This Page (optional).....

5200.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 103
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) PAMELA PARIZEK		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 1224 ALDEBARAN DR		Transaction ID : SA11AI.6577	
City MCLEAN	State VA	Zip Code 22101	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
B. Full Name (Last, First, Middle Initial) MR. DANIEL J QUIRK		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2014	
Mailing Address PO BOX 850972		Transaction ID : SA11AI.6491	
City BRAINTREE	State MA	Zip Code 02185	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer QUIRK AUTO COMPANIES	Occupation OWNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
C. Full Name (Last, First, Middle Initial) KEVIN J REDDINGTON		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 1342 BELMONT ST. STE 203		Transaction ID : SA11AI.6408	
City BROCKTON	State MA	Zip Code 02301	Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 1300.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CYNTHIA R RYAN			Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 8 BLACK HORSE LANE			Transaction ID : SA11AI.6413	
City	State	Zip Code		
HINGHAM	MA	02043		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 100.00	
Name of Employer HOMEMAKER		Occupation HOMEMAKER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
B. Full Name (Last, First, Middle Initial) BEVERLY SAFRANEK			Date of Receipt M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 13408 BONNIE DALE DRIVE			Transaction ID : SA11AI.6235	
City	State	Zip Code		
NORTH POTOMAC	MD	20878		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 250.00	
Name of Employer DELUITTE TAX LLP		Occupation ATTORNEY		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) HARDWICK SIMMONS			Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014	
Mailing Address 83 HAMMETT'S COVE ROAD			Transaction ID : SA11AI.6367	
City	State	Zip Code		
MARION	MA	02738		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00		
SUBTOTAL of Receipts This Page (optional).....			1350.00	
TOTAL This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DEREK SMITH**A.**

Mailing Address 2 BRIDLE PATH LANE

City

BEVERLY FARMS

State

MA

Zip Code

01915

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLU HOMES, INC.

Occupation

BUSINESS EXECUTIVE

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : SA11AI.6321

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

RICHARD SNYDER**B.**

Mailing Address 40 PEARL ROAD

City

NAHANT

State

MA

Zip Code

01908

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRC COMPANIES, INC.

Occupation

CHAIRMAN AND CEO

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		27		2014

Transaction ID : SA11AI.6432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

CHARLES STIMSON**C.**

Mailing Address 5950 RIVER RIDGE ROAD

City

FREDERICK

State

MD

Zip Code

21704

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE HERITAGE FOUNDATION

Occupation

ATTORNEY

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

Transaction ID : SA11AI.6502

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

1500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 103

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

BILL STORFF

A.

Mailing Address MORRIS ISLAND RD

City

CHATHAM

State

MA

Zip Code

02633

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINE ACRES REALTYOccupation
SALES CONSULTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11AI.6390

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

GERARD SWOPE

B.

Mailing Address 90 CHURCH ST

City

WOODS HOLE

State

MA

Zip Code

02543

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
ACCOUNTANT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

Transaction ID : SA11AI.6465

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JOSEPH TRUSTEY

C.

Mailing Address 3 WILLIAM FAIRFIELD DRIVE

City

WENHAM

State

MA

Zip Code

01984

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT PARTNERSOccupation
PRIVATE EQUITY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		22		2014

Transaction ID : SA11AI.6323

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

JAMES UPSON

A.

Mailing Address 79 HARDINGS LN.

City

CHATHAM

State

MA

Zip Code

02633

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		20		2014

Transaction ID : SA11AI.6389

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

CHRISTOPHER VINCZE

B.

Mailing Address 1 EISENHAURE LANE

City

NORTH READING

State

MA

Zip Code

01864

FEC ID number of contributing federal political committee.

C

Name of Employer

LAW OFFICE OF JEFFREY K. CLIFFORD, LLC

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2014

Transaction ID : SA11AI.6431

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

ROBERT WADSWORTH

C.

Mailing Address 99 LIVINGSTON ROAD

City

WELLESLEY

State

MA

Zip Code

02482

FEC ID number of contributing federal political committee.

C

Name of Employer

HARBOURVEST PARTNERS

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : SA11AI.6245

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3400.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT WADSWORTH

A.

Mailing Address 99 LIVINGSTON ROAD

City

WELLESLEY

State

MA

Zip Code

02482

FEC ID number of contributing
federal political committee.

C

Name of Employer

HARBOURVEST PARTNERS

Occupation

INVESTMENT MANAGEMENT

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		03		2014

Transaction ID : SA11AI.6246

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

DAVID WALSH

B.

Mailing Address P.O.BOX 11450

City

JACKSON

State

WY

Zip Code

83002

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

Transaction ID : SA11AI.6298

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

RUFUS WARD

C.

Mailing Address 7 MANOR PARKWAY

City

SALEM

State

NH

Zip Code

03079

FEC ID number of contributing
federal political committee.

C

Name of Employer

GPD OPTOELECTRONICS CORP.

Occupation

EXECUTIVE

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11AI.6498

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. JAMES WESTRA

Mailing Address 7 OLD NECK ROAD

City

MANCHESTER

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer

ADVENT INTERNATIONAL

Occupation

LAWYER

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : SA11AI.6308

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

GREGORY J WHITE

Mailing Address 21 MCGRATH HIGHWAY
SUITE 501

City

QUINCY

State

MA

Zip Code

02169

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF - EMPLOYED

Occupation

ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

Transaction ID : SA11AI.6429

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

MS. JANET L ZABILSKI

Mailing Address 37 BEECHWOOD LN

City

DUXBURY

State

MA

Zip Code

02332

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ARTIST

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.6559

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 103

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) CHRISTINE ZAMPELL			Date of Receipt M M / D D / Y Y Y Y 04 / 23 / 2014	
Mailing Address 15 WILLIAM FAIRFIELD DRIVE			Transaction ID : SA11AI.6327	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00	
WENHAM	MA	01984		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer ZAMPELL COMPANIES		Occupation PRINCIPAL		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		
B. Full Name (Last, First, Middle Initial) ROBERT ZULLO			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 15 HILLCREST DRIVE			Transaction ID : SA11AI.6575	
City	State	Zip Code	Amount of Each Receipt this Period _____ 250.00	
PISCATAWAY	NJ	08854		
FEC ID number of contributing federal political committee.		C _____		
Name of Employer CRESTWOOD ADVISORS LLC		Occupation MANAGING PARTNER		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____ 250.00		
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y	
Mailing Address				
City	State	Zip Code		
FEC ID number of contributing federal political committee.		C _____	Amount of Each Receipt this Period _____	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date _____		
SUBTOTAL of Receipts This Page (optional).....			_____ 500.00	
TOTAL This Period (last page this line number only).....			_____ 55100.00	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 SOUTH 17TH STREET

City

PHILADELPHIA

State

PA

Zip Code

19103

FEC ID number of contributing
federal political committee.

C C00364133

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		16		2014

Transaction ID : SA11C.6376

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

ROMNEY FOR PRESIDENT, INC.

Mailing Address C/O RED CURVE SOLUTIONS, LLC

500 CUMMINGS CENTER, SUITE 4400

City

BEVERLY

State

MA

Zip Code

01915

FEC ID number of contributing
federal political committee.

C C00431171

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		06		2014

Transaction ID : SA11C.6366

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3250.00

3250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHN C. CHAPMAN

Mailing Address 81 HOLWAY STREET

City

CHATHAM

State

MA

Zip Code

02633

FEC ID number of contributing
federal political committee.

C H4MA09078

Name of Employer
SELF - EMPLOYEDOccupation
ATTORNEY

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

149083.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Transaction ID : SA11D.6612

Amount of Each Receipt this Period

36500.00

IN-KIND: PLACED MEDIA-SEE MEMO

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

36500.00

TOTAL This Period (last page this line number only).....

36500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 103

<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) JOHN C. CHAPMAN		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		20		2014
M M	/	D D	/	Y Y Y Y									
06		20		2014									
Mailing Address 81 HOLWAY STREET		Transaction ID : SA13A.5879											
City CHATHAM	State MA	Zip Code 02633	Amount of Each Receipt this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table> CANDIDATE LOAN	2500.00									
2500.00													
FEC ID number of contributing federal political committee. C H4MA09078													
Name of Employer SELF - EMPLOYED	Occupation ATTORNEY												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>151583.00</td> </tr> </table>		151583.00										
151583.00													
B. Full Name (Last, First, Middle Initial) JOHN C. CHAPMAN		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		20		2014
M M	/	D D	/	Y Y Y Y									
06		20		2014									
Mailing Address 81 HOLWAY STREET		Transaction ID : SA13A.5881											
City CHATHAM	State MA	Zip Code 02633	Amount of Each Receipt this Period <table border="1"> <tr> <td>858.82</td> </tr> </table> CANDIDATE LOAN	858.82									
858.82													
FEC ID number of contributing federal political committee. C H4MA09078													
Name of Employer SELF - EMPLOYED	Occupation ATTORNEY												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>152441.82</td> </tr> </table>		152441.82										
152441.82													
C. Full Name (Last, First, Middle Initial)		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M	/	D D	/	Y Y Y Y					
M M	/	D D	/	Y Y Y Y									
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>										
FEC ID number of contributing federal political committee. C													
Name of Employer	Occupation												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td></td> </tr> </table>												
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>3358.82</td> </tr> </table>		3358.82									
3358.82													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td>3358.82</td> </tr> </table>		3358.82									
3358.82													

FOR LINE NUMBER:
(check only one)

<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	11a	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	11b	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	11c	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	11d		
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	12	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	13a	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	13b	<div style="border: 1px solid black; width: 20px; height: 20px; position: relative;"><div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); font-size: 2em;">X</div></div>	14	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	15

NAME OF COMMITTEE (In Full)
JOHN CHAPMAN FOR CONGRESS

392.86

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. 2014 PLYMOUTH JULY FOURTH PARADE

Mailing Address PO BOX 1776

City	State	Zip Code
PLYMOUTH	MA	02364

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5980

B. ACE HARDWARE

Mailing Address 231 MAIN STREET

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
O'SHEA REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

34.41

Transaction ID : SB17.6198

[MEMO ITEM]

C. ACE HARDWARE

Mailing Address 231 MAIN STREET

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

3.18

Transaction ID : SB17.6201

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACE HARDWARE

Mailing Address 231 MAIN STREET

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

28.68

Transaction ID : SB17.6202

[MEMO ITEM]**B. ACE HARDWARE**

Mailing Address 231 MAIN STREET

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

2.55

Transaction ID : SB17.6203

[MEMO ITEM]**C. ACE HARDWARE**

Mailing Address 231 MAIN STREET

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

15.87

Transaction ID : SB17.6204

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AGGANIS ARENA SPORTS SERVICE

Mailing Address 925 COMMONWEALTH AVENUE

City	State	Zip Code
BOSTON	MA	02215

Purpose of Disbursement
O'SHEA REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

22.47

Transaction ID : SB17.6173

[MEMO ITEM]

B. CAROLINE ALCOCKMailing Address 35 MYRTLE STREET
APT 1

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.6002

C. CAROLINE ALCOCKMailing Address 35 MYRTLE STREET
APT 1

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.6009

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAROLINE ALCOCKMailing Address 35 MYRTLE STREET
APT 1

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.6015

B. AMERICAN EXPRESS COMPANY

Mailing Address 200 VESEY ST

City MANHATTAN State NY Zip Code 10080

Purpose of Disbursement
BANK CHARGE:SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

5224.61

Transaction ID : SB17.5981

C. AMERICAN EXPRESS COMPANY

Mailing Address 200 VESEY ST

City MANHATTAN State NY Zip Code 10080

Purpose of Disbursement
BANK CHARGE:SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

4551.00

Transaction ID : SB17.5982

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11775.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS COMPANY

Mailing Address 200 VESEY ST

City	State	Zip Code
MANHATTAN	NY	10080

Purpose of Disbursement
BANK CHARGE:SEE MEMO ENTRIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

2347.28

Transaction ID : SB17.5983

B. AMERICAN RED CROSS

Mailing Address 100 N PEARTREE LN

City	State	Zip Code
RALEIGH	NC	27610

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.6121

[MEMO ITEM]

C. BEST BUY

Mailing Address 228 COLONY PL

City	State	Zip Code
PLYMOUTH	MA	02360

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

58.41

Transaction ID : SB17.6160

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2347.28

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BJ'S

Mailing Address 420 ATTUCKS LANE

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

46.77

Transaction ID : SB17.6200

[MEMO ITEM]**B. BOBBY BYRNE'S PUB**

Mailing Address 65 MASSACHUSETTS 6A

City	State	Zip Code
SANDWICH	MA	02563

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

74.00

Transaction ID : SB17.6136

[MEMO ITEM]**C. BOSTON GARAGE**

Mailing Address 145 WEBSTER ST

City	State	Zip Code
HANOVER	MA	02339

Purpose of Disbursement
O'SHEA REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.6174

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BRADFORD'S HARDWARE

Mailing Address 231 MAIN ST

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2014

Amount of Each Disbursement this Period

53.27

Transaction ID : SB17.6225

[MEMO ITEM]**B. CAPE CODDER RESORT & SPA**

Mailing Address 1225 LYANNOUGH ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

557.07

Transaction ID : SB17.6157

[MEMO ITEM]**C. CAPE COD REPUBLICAN CLUB**

Mailing Address PO BOX 656

City	State	Zip Code
WEST HYANNISPORT	MA	02672

Purpose of Disbursement
O'SHEA REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6176

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPE COD REPUBLICAN CLUB

Mailing Address PO BOX 656

City	State	Zip Code
WEST HYANNISPORT	MA	02672

Purpose of Disbursement
O'SHEA REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.6179

[MEMO ITEM]**B. CAPE COD ST. PATRICKS DAY PARADE**

Mailing Address PO BOX 307

City	State	Zip Code
YARMOUTH PORT	MA	02675

Purpose of Disbursement
O'SHEA REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

90.00

Transaction ID : SB17.6178

[MEMO ITEM]**C. JOHN C. CHAPMAN**

Mailing Address 81 HOLWAY STREET

City	State	Zip Code
CHATHAM	MA	02633

Purpose of Disbursement
IN-KIND: PLACED MEDIA-SEE MEMO

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: MA District: 09

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

36500.00

Transaction ID : SB17.6613

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

36500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHRISTMAS TREE SHOP

Mailing Address 655 RT 132

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

28.02

Transaction ID : SB17.6206

[MEMO ITEM]

B. CHRISTMAS TREE SHOP

Mailing Address 655 RT 132

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

9.71

Transaction ID : SB17.6207

[MEMO ITEM]

C. JEFFREY CLIFFORD

Mailing Address 57 STONE MEADOW LANE

City	State	Zip Code
HANOVER	MA	02339

Purpose of Disbursement
IN-KIND:EVENT ENTERTAINMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.6233

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COLONNADE BOSTON HOTEL

Mailing Address 120 HUNTINGTON AVE

City	State	Zip Code
BOSTON	MA	02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

1408.02

Transaction ID : SB17.6104

[MEMO ITEM]**B. COMMITTEE TO ELECT ROBERT HEDLUND**

Mailing Address 95 BRIDGE STREET

City	State	Zip Code
WEYMOUTH	MA	02188

Purpose of Disbursement
O'SHEA REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.6195

[MEMO ITEM]**C. CONNOLLY PRINTING, LLC**

Mailing Address 17 GILL STREET

City	State	Zip Code
WOBURN	MA	01801

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		17		2014

Amount of Each Disbursement this Period

233.75

Transaction ID : SB17.5991

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

233.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONNOLLY PRINTING, LLC

Mailing Address 17 GILL STREET

City	State	Zip Code
WOBURN	MA	01801

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 28 / 2014

Amount of Each Disbursement this Period

574.81

Transaction ID : SB17.5992

B. CONNOLLY PRINTING, LLC

Mailing Address 17 GILL STREET

City	State	Zip Code
WOBURN	MA	01801

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

336.12

Transaction ID : SB17.5993

C. CURLEY DIRECT

Mailing Address 15 FRUEAN AVENUE

City	State	Zip Code
SOUTH YARMOUTH	MA	02664

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	House	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period

253.22

Transaction ID : SB17.5995

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1164.15

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CVS PHARMACY

Mailing Address 191 CAMBRIDGE ST

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

12.78

Transaction ID : SB17.6125

[MEMO ITEM]**B. D'ANGELO SANDWICHES**

Mailing Address 1615 MAIN ST

City	State	Zip Code
WEST CHATHAM	MA	02669

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

23.06

Transaction ID : SB17.6123

[MEMO ITEM]**C. DAVE'S DINER**

Mailing Address 390 W GROVE STREET

City	State	Zip Code
MIDDLEBOROUGH	MA	02346

Purpose of Disbursement
O'SHEA REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

28.70

Transaction ID : SB17.6193

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DAVES DINER

Mailing Address 390 W GROVE ST

City	State	Zip Code
MIDDLEBORO	MA	02346

Purpose of Disbursement
OSHEA REIMBURSEMENT:TRAVEL:FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

28.70

Transaction ID : SB17.6209

[MEMO ITEM]**B. DENNIS PUBLIC MARKET**

Mailing Address PO BOX 368

City	State	Zip Code
YARMOUTH PORT	MA	02675

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 17 / 2014

Amount of Each Disbursement this Period

655.00

Transaction ID : SB17.5997

C. DUNKIN DONUTS

Mailing Address 1050 MASSACHUSETTS 28

City	State	Zip Code
SOUTH YARMOUTH	MA	02664

Purpose of Disbursement
O'SHEA REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period

8.20

Transaction ID : SB17.6171

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

655.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 49 OF 103

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DUNKIN DONUTS

Mailing Address 1050 MASSACHUSETTS 28

City State Zip Code
SOUTH YARMOUTH MA 02664

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 01 2014

Amount of Each Disbursement this Period

175.84

Transaction ID : SB17.6107

[MEMO ITEM]

B. DYNAMIC SOLUTIONS LLC

Mailing Address 142 COMMERCIAL STREET
SUITE 304

City State Zip Code
BOSTON MA 02109

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 24 2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.5999

C. DYNAMIC SOLUTIONS LLC

Mailing Address 142 COMMERCIAL STREET
SUITE 304

City State Zip Code
BOSTON MA 02109

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 02 2014

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.6000

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DYNAMIC SOLUTIONS LLCMailing Address 142 COMMERCIAL STREET
SUITE 304

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.6001

B. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

957.99

Transaction ID : SB17.6007

C. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City AUBURN State MA Zip Code 01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

38.10

Transaction ID : SB17.6008

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1146.09

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

903.55

Transaction ID : SB17.6013

B. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

38.10

Transaction ID : SB17.6014

C. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

772.64

Transaction ID : SB17.6019

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1714.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

38.10

Transaction ID : SB17.6020

B. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

568.43

Transaction ID : SB17.6024

C. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

36.70

Transaction ID : SB17.6025

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

643.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 29 / 2014

Amount of Each Disbursement this Period

547.45

Transaction ID : SB17.6029

B. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 29 / 2014

Amount of Each Disbursement this Period

36.70

Transaction ID : SB17.6030

C. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

542.95

Transaction ID : SB17.6034

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1127.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EPAY BUSINESS SOLUTIONS, INC.

Mailing Address 27A MIDSTATE DRIVE

City	State	Zip Code
AUBURN	MA	01501

Purpose of Disbursement
PAYROLL SERVICES/TAX

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

36.70

Transaction ID : SB17.6035

B. EXPEDIA INC.

Mailing Address 333 108TH AVENUE NE

City	State	Zip Code
BELLEVUE	WA	98004

Purpose of Disbursement
TRAVEL:LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

282.00

Transaction ID : SB17.6099

[MEMO ITEM]

C. EXPEDIA INC.

Mailing Address 333 108TH AVENUE NE

City	State	Zip Code
BELLEVUE	WA	98004

Purpose of Disbursement
TRAVEL:LODGING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

20.44

Transaction ID : SB17.6100

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

36.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXPEDIA INC.

Mailing Address 333 108TH AVENUE NE

City	State	Zip Code
BELLEVUE	WA	98004

Purpose of Disbursement
TRAVEL:LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

310.00

Transaction ID : SB17.6108

[MEMO ITEM]**B. FACEBOOK**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

25.19

Transaction ID : SB17.6069

[MEMO ITEM]**C. FACEBOOK**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

51.24

Transaction ID : SB17.6075

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

186.44

Transaction ID : SB17.6087

[MEMO ITEM]**B. FACEBOOK**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

0.00

Transaction ID : SB17.6126

[MEMO ITEM]**C. FACEBOOK**

Mailing Address 1601 WILLOW ROAD

City	State	Zip Code
MENLO PARK	CA	94025

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

148.11

Transaction ID : SB17.6134

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1601 WILLOW ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

City	State	Zip Code
MENLO PARK	CA	94025

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
ONLINE ADVERTISINGCategory/
Type

Transaction ID : SB17.6161

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. FAST SIGNS

Mailing Address 400 WEST CUMMINGS PARK

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

City	State	Zip Code
WOBURN	MA	01801

Amount of Each Disbursement this Period

378.25

Purpose of Disbursement
PRINTING & DESIGN SERVICESCategory/
Type

Transaction ID : SB17.6097

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. FAX.COM

Mailing Address PO BOX 22500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

City	State	Zip Code
SAN DIEGO	CA	92192

Amount of Each Disbursement this Period

19.98

Purpose of Disbursement
ONLINE SUBSCRIPTIONCategory/
Type

Transaction ID : SB17.6068

[MEMO ITEM]

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FAX.COM

Mailing Address PO BOX 22500

City	State	Zip Code
SAN DIEGO	CA	92192

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.6098

[MEMO ITEM]**B. FAX.COM**

Mailing Address PO BOX 22500

City	State	Zip Code
SAN DIEGO	CA	92192

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

9.99

Transaction ID : SB17.6149

[MEMO ITEM]**C. FEDEX**

Mailing Address 240 ANDOVER STREET

City	State	Zip Code
PEABODY	MA	01960

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

18.59

Transaction ID : SB17.6113

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 59 OF 103

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 240 ANDOVER STREET

City State Zip Code
 PEABODY MA 01960

Purpose of Disbursement
 POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
 05 01 2014

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.6140

[MEMO ITEM]

B. FEDEX

Mailing Address 240 ANDOVER STREET

City State Zip Code
 PEABODY MA 01960

Purpose of Disbursement
 POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
 05 01 2014

Amount of Each Disbursement this Period

24.00

Transaction ID : SB17.6144

[MEMO ITEM]

C. FEDEX

Mailing Address 240 ANDOVER STREET

City State Zip Code
 PEABODY MA 01960

Purpose of Disbursement
 POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
 06 09 2014

Amount of Each Disbursement this Period

21.25

Transaction ID : SB17.6158

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FRENCH MEMORIES

Mailing Address 459 WASHINGTON ST

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

3.98

Transaction ID : SB17.6143

[MEMO ITEM]**B. FUNDRAISE.COM INC.**Mailing Address 205 PORTLAND STREET
SUITE 500

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

3323.05

Transaction ID : SB17.6036

C. FUNDRAISE.COM INC.Mailing Address 205 PORTLAND STREET
SUITE 500

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
DIGITAL CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2014

Amount of Each Disbursement this Period

8619.35

Transaction ID : SB17.6037

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11942.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 5 CAMBRIDGE CENTER

City	State	Zip Code
CAMBRIDGE	MA	02142

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.6095

[MEMO ITEM]**B. GOOGLE**

Mailing Address 5 CAMBRIDGE CENTER

City	State	Zip Code
CAMBRIDGE	MA	02142

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.6141

[MEMO ITEM]**C. GOOGLE**

Mailing Address 5 CAMBRIDGE CENTER

City	State	Zip Code
CAMBRIDGE	MA	02142

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

253.88

Transaction ID : SB17.6163

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOVERNMENT CENTER PARKING

Mailing Address 50 NEW SUDBURY STREET

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.6102

[MEMO ITEM]**B. GOVERNMENT CENTER PARKING**

Mailing Address 50 NEW SUDBURY STREET

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

32.00

Transaction ID : SB17.6162

[MEMO ITEM]**C. GRAND CAB**

Mailing Address 3001 EARL PL NE

City	State	Zip Code
WASHINGTON	DC	20018

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

18.46

Transaction ID : SB17.6120

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HAYMAN REALTY TRUST

Mailing Address PO BOX 2128

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
RENT

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.6039

B. HOME DEPOT

Mailing Address 65 INDEPENDENCE DR

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

11.46

Transaction ID : SB17.6211

[MEMO ITEM]

C. HOME DEPOT

Mailing Address 65 INDEPENDENCE DR

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2014

Amount of Each Disbursement this Period

12.44

Transaction ID : SB17.6223

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. JOE'S AMERICAN GRILL

Mailing Address 210 ANDOVER ST

City	State	Zip Code
PEABODY	MA	01960

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

94.98

Transaction ID : SB17.6152

[MEMO ITEM]**B. JOHN'S TAVERN**

Mailing Address 500 RTE 134

City	State	Zip Code
SOUTH DENNIS	MA	02660

Purpose of Disbursement
O'SHEA REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

31.45

Transaction ID : SB17.6191

[MEMO ITEM]**C. LAFAYETTE GARAGE**

Mailing Address 1 AVENUE DE LAFAYETTE

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

34.00

Transaction ID : SB17.6106

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LANGHAM HOTEL

Mailing Address 250 FRANKLIN STREET

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

8.42

Transaction ID : SB17.6079

[MEMO ITEM]**B. LANGHAM HOTEL**

Mailing Address 250 FRANKLIN STREET

City	State	Zip Code
BOSTON	MA	02110

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

2549.98

Transaction ID : SB17.6082

[MEMO ITEM]**C. LAZ PARKING**

Mailing Address 100 HUNTINGTON AVE

City	State	Zip Code
BOSTON	MA	02116

Purpose of Disbursement
OSHEA REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 03 / 2014

Amount of Each Disbursement this Period

7.00

Transaction ID : SB17.6226

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LAZ PARKING

Mailing Address 100 HUNTINGTON AVE

City	State	Zip Code
BOSTON	MA	02116

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

14.00

Transaction ID : SB17.6165

[MEMO ITEM]**B. LOST DOG PUB**

Mailing Address 1374 MASSACHUSETTS 134

City	State	Zip Code
EAST DENNIS	MA	02641

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

41.52

Transaction ID : SB17.6156

[MEMO ITEM]**C. LT. TIMOTHY J. STEELE MEMORIAL RUN**

Mailing Address 18 NORMANS WAY

City	State	Zip Code
KINGSTON	MA	02364

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.6046

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

250.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS FEDERATION OF REPUBLICAN WOMEN

Mailing Address 7 BERRY STREET

City	State	Zip Code
BILLERICA	MA	01821

Purpose of Disbursement
OSHEA REIMBURSEMENT:EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.6228

[MEMO ITEM]**B. MASSACHUSETTS REPUBLICAN PARTY**Mailing Address 85 MERRIMAC ST
SUITE 400

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

85.00

Transaction ID : SB17.6071

[MEMO ITEM]**C. MASSACHUSETTS REPUBLICAN PARTY**Mailing Address 85 MERRIMAC ST
SUITE 400

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

85.00

Transaction ID : SB17.6072

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MASSACHUSETTS REPUBLICAN PARTYMailing Address 85 MERRIMAC ST
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
EVENT REGISTRATION FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6086

[MEMO ITEM]**B. MULTI MEDIA SERVICES, INCORPORATED**Mailing Address 915 KING STREET
2ND FLOOR

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
CHAPMAN IN-KIND: PLACED MEDIA

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

Amount of Each Disbursement this Period

36500.00

Transaction ID : SB17.6610

[MEMO ITEM]**C. NATIONAL REPUBLICAN CLUB OF CAPITOL HILL**

Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

915.42

Transaction ID : SB17.6111

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
REIMBURSEMENT:SEE MEMO ENTRIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

749.90

Transaction ID : SB17.6040

B. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
O'SHEA REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

483.73

Transaction ID : SB17.6181

[MEMO ITEM]

C. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.6003

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2624.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.6010

B. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
REIMBURSEMENT:SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

804.05

Transaction ID : SB17.6041

C. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
O'SHEA REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

621.67

Transaction ID : SB17.6196

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2679.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2014

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.6016

B. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
REIMBURSEMENT:SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

890.73

Transaction ID : SB17.6042

C. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
OSHEA REIMBURSEMENT:MILEAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

457.86

Transaction ID : SB17.6212

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2765.73

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2014

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.6021

B. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
OSHEA REIMBURSEMENT:MILEAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2014

Amount of Each Disbursement this Period

701.69

Transaction ID : SB17.6231

[MEMO ITEM]

C. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		29		2014

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.6026

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.6031

B. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
REIMBURSEMENT:SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

894.40

Transaction ID : SB17.6043

C. KEVIN O'SHEA

Mailing Address 34 HOLLIS STREET

City	State	Zip Code
MILTON	MA	02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 26 / 2014

Amount of Each Disbursement this Period

1875.00

Transaction ID : SB17.6044

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4644.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OCEAN STATE JOB LOT

Mailing Address 390 BARNSTABLE RD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

64.49

Transaction ID : SB17.6214

[MEMO ITEM]**B. OCEAN STATE JOB LOT**

Mailing Address 390 BARNSTABLE RD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

9.01

Transaction ID : SB17.6215

[MEMO ITEM]**C. OLD YARMOUTH INN**

Mailing Address 223 MASSACHUSETTS 6A

City	State	Zip Code
YARMOUTH PORT	MA	02675

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

114.00

Transaction ID : SB17.6090

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROB OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
OLIVER REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

70.35

Transaction ID : SB17.6183

[MEMO ITEM]**B. ROB OLIVER**

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
OLIVER REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

241.06

Transaction ID : SB17.6184

[MEMO ITEM]**C. ROBERT OLIVER**

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
TRAVEL:SEE MEMO ENTRIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

70.35

Transaction ID : SB17.6059

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

70.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROBERT OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6005

B. ROBERT OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6012

C. ROBERT OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
REIMBURSEMENT:SEE MEMO ENTRIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

324.05

Transaction ID : SB17.6060

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2824.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROBERT OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 29 / 2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6018

B. ROBERT OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 14 / 2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6023

C. ROBERT OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 29 / 2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6028

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ROBERT OLIVER

Mailing Address 20 BRADFORD ROAD

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.6033

B. PALIO PIZZERIA

Mailing Address 435 MAIN STREET

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

101.12

Transaction ID : SB17.6168

[MEMO ITEM]

C. PANERA BREAD

Mailing Address 8 STEEPLE STREET

City	State	Zip Code
MASHPEE	MA	02649

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

2.45

Transaction ID : SB17.6150

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PLAZA CATERING

Mailing Address 157 SIXTH STREET

City	State	Zip Code
CAMBRIDGE	MA	02142

Purpose of Disbursement
MEETING EXPENSE:MEALS

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 26 / 2014

Amount of Each Disbursement this Period

303.98

Transaction ID : SB17.6056

B. RED COTTAGE RESTAURANT

Mailing Address 36 OLD BASS RIVER ROAD

City	State	Zip Code
SOUTH DENNIS	MA	02660

Purpose of Disbursement
O'SHEA REIMBURSEMENT: TRAVEL: FOOD

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2014

Amount of Each Disbursement this Period

82.23

Transaction ID : SB17.6189

[MEMO ITEM]

C. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

2412.94

Transaction ID : SB17.6057

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2716.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 103

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RED CURVE SOLUTIONS

Mailing Address 138 CONANT STREET

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

2433.20

Transaction ID : SB17.6058

B. SIMMONS LIQUORS

Mailing Address 210 CAMBRIDGE ST

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

66.57

Transaction ID : SB17.6128

[MEMO ITEM]

C. SOUTH STATION PARKING

Mailing Address 700 ATLANTIC AVENUE

City	State	Zip Code
BOSTON	MA	02111

Purpose of Disbursement
PARKING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

17.00

Transaction ID : SB17.6139

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2433.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OLIVER REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 07 / 2014

Amount of Each Disbursement this Period

33.99

Transaction ID : SB17.6186

[MEMO ITEM]**B. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
O'SHEA REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period

10.63

Transaction ID : SB17.6169

[MEMO ITEM]**C. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
O'SHEA REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 01 / 2014

Amount of Each Disbursement this Period

15.87

Transaction ID : SB17.6170

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

67.41

Transaction ID : SB17.6073

[MEMO ITEM]**B. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

25.91

Transaction ID : SB17.6074

[MEMO ITEM]**C. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

43.27

Transaction ID : SB17.6085

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

74.36

Transaction ID : SB17.6216

[MEMO ITEM]**B. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

6.08

Transaction ID : SB17.6217

[MEMO ITEM]**C. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 12 / 2014

Amount of Each Disbursement this Period

5.93

Transaction ID : SB17.6218

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

28.66

Transaction ID : SB17.6219

[MEMO ITEM]**B. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

6.67

Transaction ID : SB17.6220

[MEMO ITEM]**C. STAPLES**

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OSHEA REIMBURSEMENT:OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

12.73

Transaction ID : SB17.6221

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 364 BARNSTABLE ROAD

City	State	Zip Code
HYANNIS	MA	02601

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

13.06

Transaction ID : SB17.6166

[MEMO ITEM]**B. TAXI MAGIC**

Mailing Address 5904 RICHMOND HWY

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

12.62

Transaction ID : SB17.6114

[MEMO ITEM]**C. TAXI MAGIC**

Mailing Address 5904 RICHMOND HWY

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

97.20

Transaction ID : SB17.6118

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TAXI MAGIC

Mailing Address 5904 RICHMOND HWY

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 01 / 2014

Amount of Each Disbursement this Period

9.82

Transaction ID : SB17.6119

[MEMO ITEM]

B. THE BOSTON COMMON GARAGE

Mailing Address 0 CHARLES STREET

City State Zip Code
BOSTON MA 02116

Purpose of Disbursement
OLIVER REIMBURSEMENT: PARKING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2014

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.6185

[MEMO ITEM]

C. THE BOSTON COMMON GARAGE

Mailing Address 0 CHARLES STREET

City State Zip Code
BOSTON MA 02116

Purpose of Disbursement
TRAVEL:GROUND TRANSPORTATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 09 / 2014

Amount of Each Disbursement this Period

18.00

Transaction ID : SB17.6148

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE COLONADE HOTEL

Mailing Address 120 HUNTINGTON AVE

City	State	Zip Code
BOSTON	MA	02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.6092

[MEMO ITEM]**B. THE COLONADE HOTEL**

Mailing Address 120 HUNTINGTON AVE

City	State	Zip Code
BOSTON	MA	02116

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

34.00

Transaction ID : SB17.6093

[MEMO ITEM]**C. THE DAN'L WEBSTER INN & SPA**

Mailing Address 149 MAIN ST

City	State	Zip Code
SANDWICH	MA	02563

Purpose of Disbursement
TRAVEL: LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 02 / 2014

Amount of Each Disbursement this Period

102.54

Transaction ID : SB17.6081

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE SHAWMUT GROUP

Mailing Address 675 VFW PARKWAY

City	State	Zip Code
CHESTNUT HILL	MA	02467

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2014

Amount of Each Disbursement this Period

8300.00

Transaction ID : SB17.6062

B. THE SHAWMUT GROUP

Mailing Address 675 VFW PARKWAY

City	State	Zip Code
CHESTNUT HILL	MA	02467

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

Amount of Each Disbursement this Period

8333.00

Transaction ID : SB17.6063

C. THE SHAWMUT GROUP

Mailing Address 675 VFW PARKWAY

City	State	Zip Code
CHESTNUT HILL	MA	02467

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2014

Amount of Each Disbursement this Period

8333.00

Transaction ID : SB17.6064

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

24966.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TOTALLY PROMOTIONAL

Mailing Address 128 WEST MARKET ST

City	State	Zip Code
CELINA	OH	45822

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

427.04

Transaction ID : SB17.6088

[MEMO ITEM]**B. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

11.53

Transaction ID : SB17.6109

[MEMO ITEM]**C. UBER TECHNOLOGIES**

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

21.10

Transaction ID : SB17.6117

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER TECHNOLOGIES

Mailing Address 1455 MARKET ST

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

9.40

Transaction ID : SB17.6131

[MEMO ITEM]**B. UNION STREET PUBLIC HOUSE**

Mailing Address 121 S UNION ST

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
TRAVEL: FOOD

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

17.70

Transaction ID : SB17.6110

[MEMO ITEM]**C. USPS**

Mailing Address 31 MILK STREET

City	State	Zip Code
BOSTON	MA	02196

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

24.50

Transaction ID : SB17.6084

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address 859 BROADWAY

City	State	Zip Code
NEW YORK	NY	10003

Purpose of Disbursement
OSHEA REIMBURSEMENT:MOBILE PHONE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.6222

[MEMO ITEM]**B. VERIZON WIRELESS**

Mailing Address 71 DODGE STREET

City	State	Zip Code
BEVERLY	MA	01915

Purpose of Disbursement
OSHEA REIMBURSEMENT:MOBILE PHONE EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.6230

[MEMO ITEM]**C. VISTAPRINT**

Mailing Address 95 HAYDEN AVE

City	State	Zip Code
LEXINGTON	MA	02421

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2014

Amount of Each Disbursement this Period

14.99

Transaction ID : SB17.6116

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VINCE VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6004

B. VINCE VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		14		2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6011

C. VINCE VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
REIMBURSEMENT:SEE MEMO ENTRIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2014

Amount of Each Disbursement this Period

274.75

Transaction ID : SB17.6065

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7274.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VINCE VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 29 / 2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6017

B. VINCE VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 14 / 2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6022

C. VINCE VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
05 / 29 / 2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6027

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10500.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VINCE VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.6032

B. VINCENT VOCI

Mailing Address 391 CURRIER ROAD

City	State	Zip Code
EAST FALMOUTH	MA	02536

Purpose of Disbursement
VOCI REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2014

Amount of Each Disbursement this Period

274.75

Transaction ID : SB17.6187

[MEMO ITEM]

C. W.B. MASON

Mailing Address 59 CENTRE STREET

City	State	Zip Code
BROCKTON	MA	02301

Purpose of Disbursement
PRINTING & DESIGN SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2014

Amount of Each Disbursement this Period

325.11

Transaction ID : SB17.6067

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3825.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JOHN CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WB MASON CO INC.

Mailing Address 647 SUMMER ST

City
BOSTONState
MAZip Code
02210Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2014

Amount of Each Disbursement this Period

1029.55

Transaction ID : SB17.6154

[MEMO ITEM]**B. SHOSHANA WEISSMAN**

Mailing Address 741 BELLMORE RD

City
BELLMOREState
NYZip Code
11710Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2014

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.6061

C. WEST RIDGE CHRISTIAN COMMUNITY CHURCH

Mailing Address 100 GORWOOD DRIVE

City
CORAOPOLISState
PAZip Code
15108Purpose of Disbursement
O'SHEA REIMBURSEMENT: EVENT REGISTRATION FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2014

Amount of Each Disbursement this Period

54.00

Transaction ID : SB17.6180

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

210.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 97 OF 103

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4150

JOHN CHAPMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

JOHN C. CHAPMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

4000.00

0.00

4000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 / 07 / 2013M M / D D / Y Y Y Y
12 / 31 / 2014Y Y Y Y Y Y Y Y
12 / 31 / 2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 98 OF 103

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4151

JOHN CHAPMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

JOHN C. CHAPMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

8333.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

8333.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 23 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

8333.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 99 OF 103

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4152

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

125.00

0.00

125.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 / 26 / 2013M M / D D / Y Y Y Y
12 / 31 / 2014Y Y Y Y Y Y Y Y
12 / 31 / 2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

125.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 100 OF 103

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4153

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

125.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

125.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 27 / 2013

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

125.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 101 OF 103

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4149

JOHN CHAPMAN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

JOHN C. CHAPMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
12 30 / 2013M M / D D / Y Y Y Y
12/31/2014

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 102 OF 103

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5879

JOHN CHAPMAN FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)**[PERSONAL FUNDS]**

Election: 2014

JOHN C. CHAPMAN☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

81 HOLWAY STREET

City

State

ZIP Code

CHATHAM

MA

02633

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 20 / 2014

Date Due

M M / D D / Y Y Y Y
12/31/2014

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.